and the second state of th		
Case 7:07-cv-09830-WCC Docume	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	 ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. 	A. Signature X S. Let B. Received by [Alfrida Name]
	Attach this card to the back of the maliplece, or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
	Gridgit Dzierzananowski	
	44/1 Slewellyn Cive	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
	11 Mane, 5360	4. Restricted Delivery? (Extra Fee) ☐ Yes
	2. Article Number (Transfer from service label) 7日日7 145	10 0000 4152 7960
	PS Form 3811, February 2004 Domestic Ret	turn Receipt 102595-02-M-1540
		ana ay ara ang mga nagana ang mara ang mara ang ang ang ang ang ang ang ang ang an
	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A Signature X
	1. Article Addressed to: 1. Dept Justice 4. Dept Justice	D. Is delivery address from Usin 1? Yes. If YES, enter delivery address below: No
	If of 14ther General	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540